

## ISSUE SLIP STAPLE AREA (for additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		11/24/99
O.I.P.E. CLASSIFIER		32	11/30
FORMALITY REVIEW		68921	12/10/99 32/100

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1			
2			
3			
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46			
47		0	
48		N	
49		N	
50		N	

Claim	Final	Original	Date
3	3	6	2/14/99
4	4	1	2/14/99
5	5	2	2/14/99
6	6	3	2/14/99
7	7		
8	8		
9	9		
10	10		
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41	41		
42	42		
43	43		
44	44		
45	45	V	
46	46	V	
47	47	0 V	
48	48	N	
49	49	N	
50	50	N	

Claim	Final	Original	Date
51	110		
52	112		
53	113		
54	114		
55	115		
56	116		
57	117		
58	118		
59	119		
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61	111		
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98	148		
99	149		
100	150		

If more than 150 claims or 10 actions  
staple additional sheet here

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